

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number

09744821

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| TOTAL CLAIMS                     |  |               |                          |
|----------------------------------|--|---------------|--------------------------|
| FOR                              |  | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          |  | 30 minus 20 = | 10                       |
| INDEPENDENT CLAIMS               |  | 3 minus 3 =   |                          |
| MULTIPLE DEPENDENT CLAIM PRESENT |  |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

| RATE      | FEES   | RATE         | FEES   |
|-----------|--------|--------------|--------|
| BASIC FEE | 355.00 | OR BASIC FEE | 710.00 |
| X\$ 9=    |        | OR X\$18=    |        |
| X40=      |        | OR X80=      |        |
| +135=     |        | OR +270=     |        |
| TOTAL     |        | OR TOTAL     |        |

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT |                              | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|------------------------------|------------------------------------|--------------------------|
|  | Total                            | All of the claims not listed |                                    |                          |
| Independent                                    | *                                | Minus                        | ***                                | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                              |                                    | <input type="checkbox"/> |

5-6-03

OTHER THAN  
SMALL ENTITY OR SMALL ENTITY

| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
|------------------|----------------|---------------------|----------------|
| X\$ 9=           |                | OR X\$18=           |                |
| X40=             |                | OR X80=             |                |
| +135=            |                | OR +270=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT |                              | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|------------------------------|------------------------------------|--------------------------|
|  | Total                            | All of the claims not listed |                                    |                          |
| Independent                                    | *                                | Minus                        | ***                                | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                              |                                    | <input type="checkbox"/> |

8-2503

| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
|------------------|----------------|---------------------|----------------|
| X\$ 9=           |                | OR X\$18=           |                |
| X40=             |                | OR X80=             |                |
| +135=            |                | OR +270=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT |    | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|----|------------------------------------|--------------------------|
|  | Total                            | 30 | Minus                              | ** 30 =                  |
| Independent                                    | *                                | 3  | Minus                              | *** 3 =                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |    |                                    | <input type="checkbox"/> |

| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
|------------------|----------------|---------------------|----------------|
| X\$ 9=           |                | OR X\$18=           |                |
| X40=             |                | OR X80=             |                |
| +135=            |                | OR +270=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.